

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ernst et al.

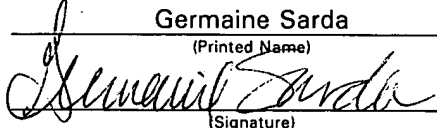
Title: COMPOUNDS FOR THE  
TREATMENT OF HIV  
INFECTION

Appl. No.: Unknown

Filing Date: Herewith

Examiner: Unknown

Art Unit: Unknown

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL990321629US	February 6, 2004
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (99 pages).

☒ Application Data Sheet (37 CFR 1.76) (6 pages).

☒ Return postcard.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	86	-	20	=	66	x	\$18.00	=	\$1,188.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00

:				
If any Multiple Dependent Claim(s) present:	+	\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration	+	\$130.00	=	\$130.00
SUBTOTAL:				= \$2,088.00
[ X ] Small Entity Fees Apply (subtract ½ of above):			=	\$1,044.00
TOTAL FILING FEE:				= \$1,044.00

- [ ] A check in the amount of \$1,044.00 to cover the filing fee is enclosed.
- [ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 6, 2004

By Barry S. Wilson

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